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APP. NO.	FILED DATE	CLASS	SUBCLASS	GROUP PART UNIT	EXAMINER
17/431.533	11/03/89	424	277.1 55	1813 1814	<i>[Signature]</i>

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Foreign priority claimed 35 USC 119 conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	AS FILED	STATE OR COUNTRY	SHEETS OR DWS.	TOTAL CLAIMS	INDEP. CLAIMS	FILING FEE RECEIVED	ATTORNEY'S DOCKET NO.
Verified and Acknowledged	Examiner's Initials			CA	17	46	13	\$521.00	P318462

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TITLE  
URINA FOR ASSOCIATED ANTIGEN, ANTIGENIC SUBUNITS AND METHODS OF  
DETECTIO

U.S. DEPT. of COMM., Pat. & TM Office - PTO-435L (rev. 10-78)

OF APPLICATION  
SEPARATELY

ALLOWANCE MAILED	PREPARED FOR ISSUE		CLAIMS ALLOWED	
	Assistant Examiner	Docket Clerk	Total Claims	Print Claim
ISSUE FEE			DRAWING	
Date Paid	Primary Examiner		Sheets Drwg.	Figs. Drwg.
			Print Fig.	
Label Area	ISSUE CLASSIFICATION		ISSUE BATCH NUMBER	
	Class	Subclass		

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